

HAMILTON COUNTY PUBLIC HEALTH NURSING SERVICE

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Health Nursing Service

Release of Information to Hamilton County Public Health Nursing Service

I, _____, (Parent/Guardian) of _____
(Child's Name) understand that Hamilton County, the municipality in which my child and I reside, is responsible for payment related to services, under article 89, section 4419 of new York State Law, for my preschool child, aged 3-5 years, identified as having a handicapping condition through the CPSE process.

I, _____ (Parent/Guardian) give my consent for release of records to the Hamilton County CPSE representative, evaluators, and the Hamilton County Public Health Nursing Service for review of the CPSE recommendation and processing of appropriate contracts with providers.

Signature: _____ Date: _____

Witness: _____ Date: _____